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# ASHTON-IN-MAKERFIELD URBAN DISTRICT COUNCIL.

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## Annual Report

OF THE

## Medical Officer of Health

1919.

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BRYN, NEAR WIGAN,

March 31st, 1920.

*To the Chairman and Members of the Council.*

GENTLEMEN,

I have pleasure in submitting my FIFTH ANNUAL REPORT on the conditions affecting the health and mortality of the community under your jurisdiction, and in placing before you the statistics showing the incidence of disease and its consequences.

*Population.*—The Registrar-General has again supplied two sets of figures: one a death-rate population, which excludes all non-civilian males whether serving at home or abroad; the other a birth-rate (and marriage-rate) population, which excludes all the elements contributing to the birth- and marriage-rates, and includes, therefore, the death-rate or civilian population plus all non-civilians whether serving at home or abroad. The first is estimated to be 21,263, or an increase of 806 upon the previous year; the other is 22,150—a reduction of 771 compared with 1918.

*Physical Features & General Character of the District.*—The district, which forms part of the Wigan Union, is situated south of the Wigan County Borough, bounded on the north-west by Billinge, on the east by Abram and Golborne, and on the south and south-west by Haydock. The area of the district is 6,251 acres.

Practically the whole of the district stands upon the coal-measures, which feature provides the main source of work upon which the population depends.

Subsidences, through the operations of mining, are very extensive, both as regards surface extent and depth, and are the cause of much of the dilapidation existing in many of the houses in the township. They also form the chief difficulties in dealing with sewerage, water supply, and roads.

While coal mining is the chief industry, occupying the bulk of the working population as well as some thousands from the neighbouring districts of Wigan, Billinge and Orrell, farming is an important industry as well, covering a large part of the 6,000 acres comprising the township.

Further, there is a large spinning mill and a weaving shed, but these absorb only a small part of the female workers—the remainder going to the mills of Wigan and district.

Lock and hingemaking is of considerable extent, and there are signs that these particular branches of trade may be somewhat extended.

There is reason to think, however, that the growth of the population will be very slight, as there is no doubt the mining industry is at its climax, and there is very little to attract other industries to replace it.

*Poor Law Relief & Hospital Accommodation.*—As before stated, the district forms part of the Wigan Union, and Poor Law adminis-

tration is effected by the Guardians of the Union—four of whom are elected by the voters of this township. Only a small proportion of the population are in receipt of “relief,” owing to the abundance of work and good wages. For general hospital accommodation we are dependent mainly on the excellent voluntary Royal Albert Edward Infirmary, Wigan, and the voluntary hospitals of Liverpool and Manchester. The hospitals for Infectious Diseases are referred to later in this report.

*Vital Statistics.*—Appended to the report are several tables relating to Population, Birth-rate, Incidence of Disease, Mortality, etc.

*Birth-rate.*—The number of births registered for the year in the district is a total of 510—270 males and 240 females. The corrected numbers supplied by the Registrar-General is 271 males and 240 females—a total of 511. The figures for the year 1918, as supplied by the same official, are 284 males and 271 females—a total of 555; that is, there has been a decreasing birth-rate. In Table I. appended, figures are given showing a steady reduction of the rate for the past six years, except in the year 1918. The birth-rate for the year works out to 23 only per 1,000 of the population (including non-civilians) against 24.2 for 1918 and 30.4 for 1914.

The number of illegitimate births for the year is 30 compared with 13 for 1918 and 15 for 1917—a notable increase in this class of births.

*The Births Notification Act* works remarkably well, and the Health Department has no fault to find with regard to the notification of births by the people concerned. The figures do not correspond with the “Registration” figures, owing to the period of six weeks allowed after birth for registration.

The births notified during each month of the year, are as follows :—

## YEAR 1919.

	<i>Births.</i>	<i>Living.</i>	<i>Still- births.</i>	<i>Illegiti- mate.</i>	<i>Notified by Midwives, Doctors.</i>	
January.....	38	38	...	2	34	4
February .....	32	30	2	3	30	2
March .....	38	36	2	3	33	5
April .....	24	23	1	1	24	...
May .....	44	41	3	2	43	1
June.....	42	41	1	3	40	2
July .....	57	56	1	3	54	3
August.....	58	54	4	1	56	2
September.....	64	62	2	2	61	3
October .....	50	48	2	1	48	2
November ....	56	55	1	5	55	1
December .....	65	62	3	5	64	1
Totals ...	568	546	22	31	542	26

The number of still-births (22) does not represent the whole loss to the district in the way of diminished population, as there is a large number of abortions occurring which do not find their way into the statistics, but which all the same have a very serious effect upon the vitality of the district.

*Mortality.*—In compiling the figures for the classification of deaths in Table III. of this report, I have had the Weekly Returns of the Registrar of Births and Deaths for this district and the Quarterly Returns of the transferable deaths from the County Medical Officer of Health, and these figures you have had reported to you month by month at the meetings of the Sanitary Committee. They do not quite correspond with the figures in Table IIIA. which is the corrected list for the district issued by the Registrar-General. The discrepancies are accounted for by the completer information regarding causes of death obtained by that Official from the medical practitioners in attendance at death, etc.

The number of deaths registered within the district during the year was 242 ; to this must be added 47 deaths of people usually resident in the district but died outside in institutions, etc. On the other hand, 6 must be deducted as deaths of people living here at the

time of decease but usually resident outside the district. My estimate of the net number of deaths referable to this district was 283; the corrected number given by the Registrar-General is 285—making a death-rate of 13·4 per 1,000 compared with 17·6 for 1918 and 12·4 for 1917. A reference to column 13 in Table I. will show the comparisons for the past six years.

Of the 242 deaths actually registered in the district, two-fifths occurred in the first quarter of the year, owing to the recurrence of Influenza in February. This epidemic quickly subsided, but accounted for 22 deaths directly, and no doubt had its influence in the death of 23 others who were registered as having died from Pneumonia and Bronchitis during the same period. Further, I attribute the heavy rate from Phthisis to the effects of the epidemics of Influenza of the year and the second half of the year 1918. Apart from this heavy mortality, we have had a favourable year both with the general mortality and infantile rates.

In the second half of the year we suffered from a wide epidemic of Scarletina and Diphtheria, affecting all the Wards of the Township more or less, but fortunately the mortality was low—2 deaths from Scarletina and 3 from Diphtheria. The death-rates from the usual infectious diseases are given at the foot of Table V., which gives a comparison with other towns in the country, though not with similar towns.

The Phthisis or Pulmonary Tuberculosis rate is sadly increased: the corrected number of deaths being 21 against 10 for 1918, and can only be accounted for by the reason given above. The death-rate equals 0·9 per 1,000 of the population.

There were 17 deaths from Violence (that is accidents: mining and domestic) against 9 for 1918. Of these, 8 were mine accidents, 2 from injuries by being run down by taxis, the remainder domestic accidents (scalds, burns and falls), and 1 from suffocation from fumes arising from a coal-waste heap. In addition, there were 4 cases of suicide.



*Infant Mortality.*—There were 53 deaths occurring in children during the first year of life compared with 59 for 1918. On Table IV. you will see the figures for the various periods at which they died and the causes of death. Fourteen died during the first week, while a total of 19 did not survive the first month, the causes being mainly Premature Birth and Debility. In all a total of 24 died from these causes.

Influenza claimed 3 directly, Bronchitis and Pneumonia 16, Diarrhœal Diseases 7, and Whooping Cough 1.

The disturbing feature of the infant death-rate is the large number from Congenital troubles, which are largely preventable. The rate is 103·7 per 1,000 births compared with 106 in 1918. Column 11 in Table I. shows the rate for the past six years.

The percentage of deaths among illegitimate infants is 10, while that for legitimates is 10·3, which speaks well for the care given to the former class.

*Children under Five Years.*—The total number of deaths of all children under 5 years is 79 against 115 for 1918 and 84 for 1917—making a rate of 3·7 per 1,000 of the population.

*Maternity & Child Welfare.*—This work in our district is confined to the visitation of the Health Visitor to the homes of the children, and where possible, visiting also expectant mothers. In addition, we have a weekly meeting of the mothers and their babies at the Baby Centre held in the Congregational Sunday School. The babies have their weights recorded and every infant is carefully scrutinized, and in those cases showing loss of weight are examined by myself. Where treatment is necessary the mothers are referred to their family doctor. In all cases they are advised what steps to take. The Centre is much appreciated by the mothers. Attempts are made to get the expectant mothers to attend, but so far not successfully.

We are waiting for the full scheme of the County Council for the initiation of real maternity work by the institution of Maternity Hospitals, Homes and Treatment Centres.

Particular attention is paid by the Health Visitor in the cases of unmarried mothers and illegitimate children, and in the cases where exceptional difficulties arise in the care of the child. Help is given by the Committee from a voluntary fund where special treatment is necessary—as in going to the special hospitals in Liverpool.

In the Health Visitor's report attached, particulars are given of visits made for investigation of still-births and infant deaths. Also every case of Ophthalmia Neonatorum is visited by Miss Cragg (Health Visitor), and help given by her in carrying out the treatment prescribed by the Medical Attendant. These cases are seen by her twice a day during the period of treatment, and I am pleased to say that every case during the year had a satisfactory result—no loss of sight or opacities of the eyes.

For a considerable time we have held a favourable position with regard to Puerperal Fever—an infective fever peculiar to lying-in women ; but this year we have had two cases notified with two deaths. In one case the fever had a remote connection with the decease of the patient, as this took place three months after confinement owing to Pulmonary complications. The other case followed a bad miscarriage, and the patient died in a neighbouring institution.

We were fairly free from Measles during the year, a few sporadic cases occurring here and there in the district, until the beginning of December, when an epidemic broke out in the Garswood district of the South Ward, 30 cases being notified during the month. This epidemic affected chiefly the St. Andrew's School. Owing to this, and the epidemic of Scarlatina which had been prevailing for six months, I closed all the schools in the township, from December 9th to December 19th inclusive, which closure was followed by the usual Christmas Holidays until January 5th. This had the effect of checking the epidemic in the South Ward. Fortunately there were no fatalities due to the epidemic. The schools were disinfected during the closure.

Whooping Cough has not been prevalent during the year, though we had one death—an infant in March.

In dealing with the above cases of infectious disease, I have had the greatest help from the Health Visitor, as these touch her work very closely. She has shown herself keenly interested in following up the cases and in advising the persons concerned as to their duties.

*Prevalence of Other Infectious Diseases.*—Scarlatina and Diphtheria have been the most prevalent diseases, and have in the main run concurrently.

Scarlatina began to appear in the second quarter of the year in the Rose Hill district, embracing part of the North and West Wards were most severely affected the disease gradually spread to all parts of the township, the South Ward suffering the least. A reference to Table II. will show the incidence in each Ward and age incidence as well. In all there were 225 cases notified, 173 of which were removed to the Hospital for isolation and treatment. There were two deaths from this disease, both occurring in the Hospital.

The appended list will show the groups of property affected by the epidemic. I have made use of the same list of streets, etc., for exhibiting the incidence of Tuberculosis :—

LOCALITIES WHERE SCARLATINA AND TUBERCULOSIS CASES  
OCCURRED.

	<i>Scarlatina. Tuberculosis.</i>	
Adamson Street .....	3	...
Old Road .....	14	...
Osborne Road .....	7	...
Low Bank Road .....	4	...
Stonecroft Terrace .....	2	...
	—30	—3
Heath Road, beyond York Road South	1	...
Mill Street .....	2	...
Brook Street .....	1	...
Druid Street .....	10	...
Ashton Heath .....	6	...
	—20	—4
Bolton Road to Bryn Road .....	10	...
Bryn Road to Potter's Row .....	3	...
Bryn Road South .....	1	...
	—14	—5



*Scarlatina. Tuberculosis.*

Bolton Road, Stubshaw Cross .....	14	...
Golborne Road .....	5	...
Dawber Street .....	2	...
North Street.....	3	...
Lily Street .....	1	...
	—25	—7
York Road .....	2	...
Heath Road to York Road South .....	1	...
Flora Street .....	3	...
Warrington Road .....	1	...
	— 7	—2
Bryn Street .....	2	...
Gerard Street .....	3	...
Wigan Road to Pretoria Road .....	3	...
Liverpool Road to Naylor Street .....	3	...
	—11	—2
Ladysmith Avenue .....	2	...
Duke Street .....	1	...
Peter Street .....	1	...
	— 4	—2
Wigan Road—Osborne Road to Bryn Station .....	12	...
Whitledge Green to Whitledge Hurst...	6	...
	—18	—3
Bryn Road to Long Lane Colliery.....	25	...
Nicol Road .....	2	...
Toothill Street .....	1	...
	—28	—5
Downall Green Road .....	17	...
Wigan Road from Bryn Station .....	12	...
Bryn Road to Railway Terrace .....	1	...
Whithill Street.....	2	...
Rose Hill .....	20	...
	—52	—8
North Ashton, including Moor Lane.....	5	5
Garswood .....	4	1
Pewfall .....	5	1
Bryn Gates .....	2	1
	—	—
Total .....	225	49
	—	—

*Diphtheria*.—This disease has been fairly prevalent since the beginning of the second quarter of the year, but has been mainly of a mild type generally free from the severe adenitis and albuminuria affecting patients with this disease. Owing to the early removal to hospital and the free administration of anti-toxin the patients have on the whole done very well. There were 3 deaths out of the 63 cases notified, due to Cardiac Paralysis. A reference to Table II. will show the distribution of the cases. Sixty-five of these cases were removed to hospital, and 3 treated at home under suitable conditions.

Anti-Diphtheritic Serum (anti-toxin) is stocked at the Hospital, and is obtainable gratis by the practitioners of the district. During the year there were used 90 vials of 4,000 units and 12 vials of 2,000 units.

*Enteric*.—We have again had a fortunate year with regard to this disease, only 4 cases being notified—3 being removed to hospital and 1 remained at home, the relatives refusing permission to take her into hospital, though several attempts were made to persuade them. This case died, unfortunately the (only fatality). Three of the cases were from the Central Ward and 1 from the West.

*Erysipelas*.—Eight cases were notified, chiefly of the facial type—5 from the Central Ward, 2 from the East, and 1 from the West Ward. All recovered.

*Pneumonia* (all forms of).—Sixty-two cases were notified, and the distribution was as follows :—Central Ward 19, North Ward 6, South Ward 6, East Ward 11, West Ward 20.

We allotted the old block at the Hospital, limiting the beds to six, for the isolation and treatment of selected cases of this very dangerous disease. As there is no intention to remove any cases except those where there is no accommodation in the home and no one to nurse the patients satisfactorily, there will be little surprise that only 1 case was taken in. There are risks and dangers in removal that only the lack of the above facilities would justify the transfer from the home to the Hospital.

Although the notification of Pneumonia is included in the list of diseases requiring notification, it must be inferred that all cases are notified. I am sure that many cases of Broncho-Pneumonia are not notified, and while we have at present no means of nursing the cases at home the Authority will not be justified in exercising any pressure in this matter.

The number of deaths for the year from this complaint is 31, according to the corrected return of the Registrar-General, therefore it will be seen that the case mortality would be terrific if the number notified were a fair estimate of the total attacked.

*Malaria*.—Eight cases were notified, but in every instance the disease had been acquired abroad and were, therefore, of the relapsing type.

*Dysentery*.—One case notified—this was a relapse.

*Tuberculosis*.—This disease is under the control of the County Council, and our duty lies in assisting that Authority by making weekly returns of the notifications received here, and also in sending a duplicate return to the Chief Tuberculosis Officer (Dr. Jessel) for the district. This latter is done that he may have an early intimation of each case. On receiving a notification your Sanitary Inspector makes an inspection of the home of the patient and his environment. All defects are reported to the owner for repairs, as a matter of urgency. The visitation of the patient is in the hands of the staff of the Tuberculosis Dispensary.

During the year 49 cases were reported against 48 for 1918. Of this number 35 were of the Pulmonary type, and 14 non-Pulmonary. The distribution of these cases was as follows (see Table II.) :—

	<i>Pulmonary.</i>	<i>Non-Pulmonary.</i>
Central Ward .....	9	3
North Ward .....	5	2
South Ward .....	1	1
East Ward .....	10	2
West Ward .....	10	6

The grouping by streets, will be seen by the statement under Scarlatina.

#### SANITARY CIRCUMSTANCES OF THE DISTRICT.

*Water.*—Like most districts the township has suffered during the past year from a diminished supply, owing to the exceptional dryness of the summer and autumn. The North Ashton and Garswood parts suffered most, owing to the fact that they get their supply from our own Waterworks, which practically went dry. As you know, the supply is from two sources, viz.: (a) from our own gathering grounds and Waterworks in North Ashton, and (b) mostly during the year from the Rivington Waterworks of the Liverpool Corporation, the mains of which pass through the township. It is unfortunate that the Corporation limit us to the amount contracted for, namely, 100,000 gallons per day since the drought of last summer. Normally, both supplies are of satisfactory quality. It is difficult to compute the actual consumption per head owing to the leakage at the source of supply from our own Works, but without making any allowance for that, it approximates 17 gallons per day. I am very glad the Council, through the Water Committee, is taking steps to cope with any unusual dryness in the future.

*Rivers & Streams.*—The only stream of any consequence is the Millingford Brook, running in south-east direction through the centre of the town. This is subject to a certain amount of pollution from the collieries and in times of storm and dislocation of the sewers from subsidence.

*Drainage & Sewerage.*—The drainage and sewerage is a constant source of anxiety to your Officials, particularly in the East and North Wards, owing to the frequent changes in the falls caused by mining subsidence. Bolton Road, from Bryn Road to the Ram's Head Inn, and Bryn Road around the southern end of South View, have been giving serious trouble from this cause.

The Sewage Disposal Works, which are of modern construction, take the sewage from practically the whole of the district, are in good working condition, and a satisfactory effluent has been maintained during the year.

*Closet Accommodation.*—The pail system forms the chief accommodation in the district, and I need scarcely say it is not a satisfactory state of affairs. I am well aware that any conversion on a large scale is not at present practicable, as it would necessitate a re-arrangement of sewers, water service, and water supply ; but a start could be made in certain blocks of property that will come up for improvement in a short time.

At the end of the year there were 3,748 pail closets, 2 middens, 498 fresh w.c.s, and 25 waste w.c.s. During the year 2 privy closets were converted to fresh w.c.s.

All new property will contain fresh water closets. It is advisable that some inducement should be offered to property owners to convert the pails into water closets by contributing some proportion of the cost, and a consideration of this question should have your early attention.

*Scavenging.*—This is done directly by the Council. The pails are changed and the ashpits emptied during the day, and often enough is a disgusting exhibition, owing to the exigencies of the system. The refuse from the ashpits is carted to depots in various parts of the district away from housing property, screened and mixed with pail contents and sold to farmers. The bulk of the ashes is carried away and buried in depressions. The improvement in this aspect of sanitary work is connected with the previous subject, that of conversion of the pail system. The ashpits, of which there are 2,950, should have substituted metal ashbins of a portable character. Along with this change should come a refuse destructor.

*Sanitary Inspection, &c.*—Attached to my report is the report of the Sanitary Inspector, giving a classified statement of premises visited, defects noted, and the resulting action.

*Schools.*—On the whole the schools are in a satisfactory condition regarding ventilation, sanitation, and water supply. The closets are water closets, with intermittent flushing, and the whole of the water supply comes from the Council's mains.



The accommodation in the schools generally is fully utilised, and perhaps two new schools will have to be erected in the near future.

The two schools, out of the total of 14, that require improvement most are St. Peter's, Bryn, and St. Luke's, Stubshaw Cross.

As I have previously mentioned, the schools were closed owing to the prevalence of infectious diseases for a short period in December.

I may add that this not being an autonomous area under the Act of 1902, the schools are under County control.

#### FOOD.

Sale of Food and Drugs Acts are administered by the County Council.

*Milk.*—The bulk of the milk consumed is produced within the district, although a fair amount is imported by rail. There has at no time during the year been any real shortage, and the means of distribution are quite ample. A large amount of condensed and dried milk is consumed by the inhabitants.

From time to time samples of the milk purveyed in the district have been taken by the County Officials, and found on the whole satisfactory ; that is, there have not been any grounds for a prosecution.

With regard to the supply of milk to nursing mothers and children under the 1918 Orders, you gave authority to me and to the Health Visitor to take all steps necessary to supply necessitous cases with milk either at reduced prices or absolutely free, if satisfied of the need. Owing to work being plentiful and wages good there were not many cases requiring the help.

The number of cowkeepers on the register is 40, dairies 4, and milkshops 2. All these premises, with the exception of two were found, after repeated visits, to be satisfactory. The two unsatisfactory cases received warning from myself and also from the landlord.

*Other Foods.*—Foods exposed for sale at the week end in the Market are under supervision by the Sanitary Inspector and myself.

*Bakehouses.*—The premises are regularly visited and are on the whole kept in satisfactory condition, that is, clean and well kept.

*Slaughter-houses.*—No steps have been taken as yet to establish a public abattoir. There is now only one slaughter-house, which is kept under frequent observation both by myself and the Sanitary Inspector.

The following animals and parts of animals were condemned as being unfit for human food :—

*Condemned.*

Oxen	...	...	...	...	...	...	...	...	1
Pig	...	...	...	...	...	...	...	...	—
Sheep	...	...	...	...	...	...	...	...	4
Calf	...	...	...	...	...	...	...	...	—

*Part Condemned.*

Oxen	.....	...	...	...	...	...	...	...	3
Pig	...	...	...	...	...	...	...	...	1
Sheep	...	...	...	...	...	...	...	...	3
Calf	...	...	...	...	...	...	...	...	1

Two of the condemned oxen were Tuberculous, and 4 sheep had received injuries.

#### SANITARY ADMINISTRATION.

The staff consists of Medical Officer (part time), Sanitary Inspector, Assistant Sanitary Inspector, and one Health Visitor—the Council has, however, authorised another to be appointed ; two men to disinfect houses, schools, etc., and attend to the ambulance.

#### HOSPITAL ACCOMMODATION.

*Small-pox Hospital.*—This is of the temporary type, built on brick foundations with body of wood and corrugated iron, and roofed with the same material. It accommodates eight beds. The situation of this hospital is not an ideal one, but serves its purpose very well, as it has not been required for a good many years.

*Infectious Diseases Hospital, Bryn Road.*—This consists of the old block, with eight beds for Enteric, divided into two wards of four beds each, and can if necessary be used for Pneumonia. The new buildings, of modern type, are built substantially of brick and stone. They consist of two large Scarlatina wards, accommodating 12 beds each, with two small wards for observation purposes, containing one bed each. There are the usual kitchens, bathrooms, etc., connecting the two larger wards; a Diphtheria block, consisting of two wards, each accommodating three or four beds, with kitchen, bathroom and offices. In addition there is the Administrative block, furnishing very comfortable quarters for Matron, Nursing Staff, and Domestics.

This Hospital is replete with laundry, steam disinfecter, engine, and hot-water arrangements for the wards, etc.

The permanent staff consists of a Matron, two Staff Nurses, three Probationers, and an Engineman for looking after the engine, boiler, and steam disinfecter, and assisting in the maintenance of the buildings and grounds; also for the latter work assistance is given by one of the hands engaged in house disinfection and with the ambulance. Except in times of severe epidemics the Hospital offers sufficient accommodation for the needs of the district.

There is no accommodation for the isolation of Measles, and I am not prepared to advocate the provision of this, particularly at the present time.

With regard to chemical and bacteriological aids to diagnosis of infectious diseases, we have an arrangement with the Bacteriological Department of the University of Liverpool, under Professor Beattie. From time to time, when necessary, samples of blood, throat swabs, etc., are sent up for examination and report. The examination of sputum in suspected cases of Tuberculosis is undertaken by the Tuberculosis Officers of the County.

#### HOUSING.

I. (1) This question is undoubtedly the most important the Council has to deal with, as it affects all the amenities of life—health, comfort, morality, etc. It will, to my mind, remain always an important question, as in the future it will be the function of government to supervise and provide housing for the community.

Mainly owing to the war there has been a total cessation of house building, while concurrently many of the houses standing have been allowed to get into such a state of dis-repair that it will scarcely pay the owner to spend in any attempt to make them really habitable. Moreover, we have scattered over the district a good number of very old cottages that should be demolished as they are generally insanitary and beyond repair. In October last I presented a report to you and to the Ministry of Health, accompanied by a schedule of statistics showing how we stood with regard to housing. This constituted a "Town Survey of Housing Needs" under the Housing and Town Planning Act, 1919. The figures I shall have to repeat in the course of this statement.

The number of dwelling-houses in the district is 4,053, and of this number 3,873 are of the working-class type. No houses were built in 1919, though one was in course of erection. This allows an average of five persons to each house. This looked at as a whole is a satisfactory position.

(2) *Population*.—Consider the population. At the last census (1911) the population stood at 21,543, in mid-year 1914, *i.e.*, pre-war, the estimate was 22,687, and for 1919 the Registrar-General estimates a population of 21,263, or including the absent element (those serving at home and abroad) 22,150. It will be seen, therefore, that our population has diminished since 1914 by over 500. The real diminution of course is more, as that does not take into account the excess of births over deaths during that period of six years. There is not any probability of a material increase in the future. From frequent discussion it is agreed there is no prospect of any serious addition to the industries of this township: that it has to rely mainly on coal mining for its industrial position, and that this industry is at its pinnacle and will gradually decline as the measures are being worked out. Consequently, in considering what extensions and improvements in housing, this aspect must be kept in mind.

(3) (a) *Extent of Shortage of Houses*.—While the average of five persons to each house is satisfactory, when we go into details a shortage is apparent. In 617 houses, intended for one family only, two, or in a few cases, three families occupy them; and further, in 275 houses—which are comprised in the main in the previous

figure—2,895 persons occupy them, giving more than two persons per room. This would appear to be serious and objectionable overcrowding. The condition, however, is not quite so serious as the figures indicate, as in the majority of these houses the rooms are commodious and allow the regulation air space per person. As a matter of fact the rooms are on a larger scale than obtains in the houses you are now building under your housing schemes. The shortage, however, will be increased considerably, as I have reported approximately 200 houses in the "Survey" I have mentioned above as not being fit for habitation. It may be, however, that some of these, if the owners produce satisfactory plans to you, be put in habitable condition.

(b) *What Steps are therefore to be Taken to Meet the Shortage?*—You have decided upon 200 new houses, 80 of which are now in course of erection, and plans in preparation for the remaining 120. You have in mind the possibility of another 130 houses if requirements are such as make it practicable.

II. *Overcrowding.* (1) *Extent.*—I have shown the extent, and while in no way wishing to minimise it, it is more apparent than real.

(2) *The Causes* are really more a question of custom and habit. While not a few cases are due to very large families, many of them are due to the fact that when a son or daughter gets married the couple from choice prefers to live still with the family, even after the arrival of a small addition of their own, and this without making the house technically overcrowded. In only a few cases is it due to excess of lodgers.

(3) Measures are taken where possible to get a better distribution of the occupants, but some amendment of bye-laws is necessary.

III. *Fitness of Houses.* (1) (a) *The General Standard of Housing.*—This, on the whole, is satisfactory.

(b) *The Character of the Defects* found in unfit houses is mostly due to effect of mining operations, and are cracked walls, damaged floors, broken plaster, and window alignment disturbed, producing inability to open windows.



(2) *Action Taken as regards Unfit Houses under: (a) Public Health Acts, (b) The Housing Acts.*—Notices served on owners under these Acts usually has desired effect.

(3) *Difficulties in Remedying Unfitness* are those due to high cost of labour and material, and also to shortage of labour.

(4) *Conditions Affecting Houses as regards Water Supply, Closet Accommodation, & Refuse Disposal.*—These have been dealt with in the body of the report, under the respective heads.

IV. *Unhealthy Areas.*—(1) Owing to the circumstances arising as the result of the war no action under Part I. or Part II. of Housing Act, 1890, has been taken regarding unhealthy areas. That is, owing to shortage of labour, scarcity and cost of material, along with the need for further housing accommodation before attempting, it was not practicable to take any steps.

(2) Further, for these reasons nothing was done regarding the areas so represented in my report of last October. Until the new housing schemes are completed it will not be possible to do anything drastic with these areas.

(3) We had no complaints, save as to individual houses, where subsidence had damaged the walls, floors, etc.

V. *Bye-laws Relating to Houses, Houses Let-in-Lodgings, &c.*—The time has arrived for the existing bye-laws to be revised and new ones added, particularly those relating to lodgers and to dirty tenants.

VI. *General & Miscellaneous.*—I have nothing to report, as no special steps have been taken during the year regarding the above matters;

VII. *Appendices: Statistics for the Twelve Months ended December 31st, 1919:—*

(1) Number of dwelling-houses in respect of which complaints that they are unfit for habitation were made by householders, none.

(2) Action under Section 17 of the Housing Act of 1909 :—

(a) Number of dwelling-houses inspected under and for the purposes of the Section—207.

(b) Number of dwelling-houses which were considered to be unfit for human habitation—8.

(c) Number of dwelling-houses the defects in which were remedied without the making of Closing Orders—163.

(3) Action under Section 28 of the Housing Act, 1919 :—

(a) Number of Orders for repairs issued—none.

(b) Number of cases in which repairs were carried out by the Local Authority—none.

(c) Number of dwelling-houses voluntarily closed on notice by owner that they could not be made fit without reconstruction—5.

(4) *Closing Orders* :—

(a) Number of representations made to the Local Authority with a view to the making of Closing Orders—4.

(b) Number of Closing Orders made—3.

(c) Number of dwelling-houses in regard to which Closing Orders were determined on the houses being made fit for human habitation—2.

(5) *Demolition Orders* :—

(a) Number of Demolition Orders made—none.

(6) Number of dwelling-houses demolished voluntarily—5.

(7) *Obstruction Buildings* :—

(a) Number of representations made (Section 38 of the Housing Act, 1890)—none.

(b) Number demolished—none.

(c) Number of representations still under consideration—none

(8) *Staff Engaged on Housing Work, with brief duties of each Officer.*—No definite appointments have so far been made.

In conclusion, I wish to emphasise one or two points I have made in the body of my report :—

(1) The systematic conversion of the pail closet to fresh water closets.

(2) The substitution of portable metal ashbins for the present ashpits.

(3) The installation of a refuse destructor.

(4) The completion of the paving of back streets and passages.

(5) The need for more adequate control of the "dirty tenant."

And to thank the Council and my fellow officials for their kindness and support.

I remain,

Yours obediently,

HY. WINSTANLEY,

*Medical Officer of Health.*

TABLE I.

## VITAL STATISTICS OF WHOLE DISTRICT DURING 1919 AND PREVIOUS YEARS.

## District of ASHTON-IN-MAKERFIELD

Year	Population estimated to middle of each year	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT	
		Un-corrected Number	Nett Number	Rate	Number	Rate	of Non-residents registered in the District.	Under 1 Year of Age	At all Ages
								Number	Rate per 1,000
								Nett Births	Number
1	2	3	4	5	6	7	8	9	10
1914 ...	22,687	690	602	30.4	275	13.25	3	27	76
1915 ...	21,709	610	610	28.0	350	16.12	1	36	96
1916 ...	21,202	607	607	25.3	276	13.0	2	27	61
1917 ...	21,101	529	532	22.6	225	10.6	2	39	53
1918 ...	20,457	554	555	24.2	331	16.7	7	38	59
1919* ...	21,263	510	511†	23.07	242	11.3	6	47	53
									285
									13.4

\*22,150 for Birth-rate.

†271 Males, 240 Females.

\$156 Males, 129 Females.

Area of District in acres (land and inland water) ..... 6,251

At Census, 1911: Total Population at all ages ..... 21,543

Number of Inhabited Houses ..... 4,088

Average Number of Persons per House..... 5

## DISTRICT OF ASHTON-IN-MAKERFIELD.

TABLE I. (a).

	Per 1,000 of Population—		Rate of Deaths under 1 year to 1,000 Births.	
	Birth-rate.	Death-rate.	Phthisis Death-rate.	
1919 .....	23.0	13.4	0.98	103
1918 .....	24.2	17.6	0.48	106
Mean of 10 years (1909-1918).....	28.4	14.7	0.67	126
Increase or Decrease in 1919 on—				
Previous year .....	-1.2	4.2	-1.99	- 3
Ten years' average .....	-5.4	-1.3	-1.58	-23

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TABLE II.  
**CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1919.**  
**District of ASHTON-IN-MAKERFIELD**

Notifiable Diseases	Number of Cases Notified at Ages—Years							Total Cases Notified in each Locality						Deaths in Hospital of patients re- moved from district	
	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and Upwards	Central Ward	North Ward	South Ward	East Ward	West Ward	Total Cases Removed to Hospital		
Measles .....	1	33	12	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Memb. Croup) .....	—	24	37	1	1	—	—	19	7	3	11	23	60	3	—
Erysipelas .....	—	—	—	1	4	3	—	5	—	—	2	1	—	—	—
Scarlet Fever .....	2	69	136	12	5	1	—	69	44	10	39	63	173	2	—
Enteric Fever .....	4	—	—	1	2	1	—	3	—	—	—	1	3	—	—
Puerperal Fever .....	2	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Pul. Tuberculosis.....	—	3	4	8	13	6	1	9	5	1	10	10	—	—	—
Other forms of Tuberculosis .....	—	1	7	5	1	—	—	3	2	1	2	6	—	—	—
Ophthalmia Neon. ...	4	—	—	—	—	—	—	2	1	—	1	—	—	—	—
Pneumonia .....	62	2	16	19	8	2	3	19	6	6	11	20	1	—	—
Malaria .....	8	—	—	3	5	—	—	3	1	—	2	2	—	—	—
Dysentery .....	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—
Totals .....	472	9	146	215	41	44	12	4	139	68	51	84	129	237	5

*Isolation Hospital or Hospitals :—*  
 Infectious Diseases Hospital, Bryn Road.      Small-pox Hospital, Golborne Road.

TABLE II. (a)

**ANNUAL HEALTH REPORT, 1919.***(To be forwarded to the County Medical Officer of Health, together with Form "C.")***Number of Cases of INFECTIOUS DISEASES Notified, Removed to Hospital, etc., during the year 1919.****District of ASHTON-IN-MAKERFIELD.**

	Diphtheria and Membr. Croup	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Fever	Cerebro-Spinal Meningitis	Poliomyelitis	Ophthalmia Neonatorum	Malaria	Dysentery	Acute Primary Pneumonia	Influenza	Pneumonia	Tuberculosis	Other Forms of Tuberculosis	Measles and German Measles	Whooping Cough	Diarrhoea, etc. (under 2 years)	Chicken-pox	Total
No. of Cases Notified .....	63	8	225	4	2	-	-	4	8	1	62	35	35	14	46	-	-	-	-	472
No. Removed to Hospital .....	60	-	173	3	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	237
No. of Deaths in Hospital of Persons belonging to the District .....	3	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5

February 23rd, 1920.

(Signed) HY. WINSTANLEY,  
Medical Officer of Health.

TABLE III.

# CAUSE OF, AND AGES AT DEATH, DURING THE YEAR 1919.

## District of ASHTON-IN-MAKERFIELD

Causes of Death.	Nett Deaths at the subjoined Ages of "Residents" whether occurring within or without the District (a)										Total Deaths whether of 'Residents' or 'Non-Residents' in Institutions in the District (b)
	All Ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards		
All Causes—Certified .....	—	53	11	15	14	22	48	47	70	—	
Uncertified .....	—	—	—	—	1	—	1	1	—	—	
Enteric Fever .....	1	—	—	—	—	—	—	1	—	—	
Small-pox .....	—	—	—	—	—	—	—	—	—	—	
Measles .....	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever .....	2	—	—	1	1	—	—	—	—	2	
Whooping Cough .....	1	1	—	—	—	—	—	—	—	—	
Diphtheria and Croup .....	3	—	—	2	1	—	—	—	—	3	
Influenza .....	28	3	—	1	3	6	10	2	3	—	
Erysipelas .....	—	—	—	—	—	—	—	—	—	—	
Phthisis (Pulmonary Tuberculosis) .....	20	—	—	1	2	3	9	5	—	—	
Tuberculous Meningitis .....	2	—	—	1	1	—	—	—	—	—	
Other Tuberculous Diseases .....	6	—	—	—	2	2	1	1	—	—	
Cancer, Malignant Disease .....	20	—	—	—	—	—	1	10	9	—	
Rheumatic Fever.....	—	—	—	—	—	—	—	—	—	—	
Meningitis .....	1	—	1	—	—	—	—	—	—	—	
Organic Heart Disease .....	10	—	—	—	1	—	3	5	1	—	
Bronchitis .....	32	6	2	1	—	—	—	4	19	—	



TABLE III. (a).

<i>Causes of Death.</i>							<i>Males.</i>	<i>Females.</i>
ALL CAUSES (Civilians only)	...	...	...	...	...	...	156	129
1 Enteric Fever	...	...	...	...	...	...	—	1
2 Small-pox	...	...	...	...	...	...	—	—
3 Measles	...	...	...	...	...	...	—	—
4 Scarlet Fever	...	...	...	...	...	...	1	1
5 Whooping Cough	...	...	...	...	...	...	1	—
6 Diphtheria and Croup	...	...	...	...	...	...	—	3
7 Influenza	...	...	...	...	...	...	13	16
8 Erysipelas	...	...	...	...	...	...	—	—
9 Pulmonary Tuberculosis	...	...	...	...	...	...	12	9
10 Tuberculous Meningitis	...	...	...	...	...	...	—	1
11 Other Tuberculous Diseases	...	...	...	...	...	...	1	3
12 Cancer, Malignant Disease...	...	...	...	...	...	...	10	10
13 Rheumatic Fever	...	...	...	...	...	...	—	—
14 Meningitis	...	...	...	...	...	...	1	—
15 Organic Heart Disease	...	...	...	...	...	...	9	6
16 Bronchitis	...	...	...	...	...	...	13	18
17 Pneumonia (all forms)	...	...	...	...	...	...	19	12
18 Other Respiratory Diseases	...	...	...	...	...	...	2	2
19 Diarrhœa, etc. (under 2 years)	...	...	...	...	...	...	6	5
20 Appendicitis and Typhlitis	...	...	...	...	...	...	1	1
21 Cirrhosis of Liver	...	...	...	...	...	...	—	—
21a Alcoholism	...	...	...	...	...	...	1	—
22 Nephritis and Bright's Disease	...	...	...	...	...	...	3	1
23 Puerperal Fever	...	...	...	...	...	...	—	2
24 Parturition, apart from Puerperal Fever...	...	...	...	...	...	...	—	2
25 Congenital Debility, etc.	...	...	...	...	...	...	11	7
26 Violence, apart from Suicide	...	...	...	...	...	...	13	4
27 Suicide	...	...	...	...	...	...	3	1
28 Other defined Diseases	...	...	...	...	...	...	35	24
29 Causes ill-defined or Unknown	...	...	...	...	...	...	1	—
Special Causes (included above):—								
Cerebro-spinal Fever							—	—
Poliomyelitis							—	—
Deaths of Infants under 1 year of age (total)...	...	...	...	...	...	...	31	22
Illegitimate	...	...	...	...	...	...	2	1
TOTAL BIRTHS	...	...	...	...	...	...	271	240
Legitimate							259	223
Illegitimate							12	17
POPULATION FOR BIRTH-RATE	...	...	...	...	...	...	22,150	
POPULATION FOR DEATH-RATE	...	...	...	...	...	...	21,263	

GENERAL REGISTER OFFICE,

SOMERSET HOUSE, LONDON, W.C.

April, 1920.





TABLE V.

**BIRTH-RATE, DEATH-RATE and ANALYSIS of MORTALITY during the Year 1919.***(Provincial figures. Populations estimated to the middle of 1919, have been used for the purposes of this Table.)*

	Birth-rate per 1,000 Total Population	ANNUAL DEATH-RATE PER 1,000 CIVILIAN POPULATION.							RATE PER 1,000 BIRTHS.		
		All Causes	Enteric Fever	Small- pox	Measles	Scarlet Fever	Whoop- ing Cough	Diph- theria	Violence	Diarrhoea and Enteritis (under 2 years)	Total Deaths under 1 year
England and Wales.....	18.5	13.8	0.01	0.00	0.10	0.03	0.07	0.13	0.47	9.59	89
Ninety-six Great Towns, including London (Census Populations ex- ceeding 50,000) .....	19.0	13.8	0.01	0.00	0.13	0.04	0.07	0.14	0.45	12.24	93
One hundred and forty-eight Smaller Towns (Census Populations 20,000-50,000) .....	18.3	12.6	0.01	0.00	0.10	0.03	0.08	0.12	0.39	8.67	90
London .....	18.3	13.4	0.01	0.00	0.08	0.03	0.05	0.18	0.47	16.22	85
Ashton-in-Makerfield.....	23.0	13.4	0.04	0.00	0.00	0.09	0.04	0.14	0.79	21.52	103

TABLE C.

# Summary of Medical Officer's Report for 1919.

## URBAN DISTRICT OF ASHTON-IN-MAKERFIELD.

Medical Officer of Health, Henry Winstanley—Salary and Bonus as Medical Officer of Health, 31st December, 1919, £200.  
Inspector of Nuisances, David Gamble—Salary and Bonus as Inspector, 31st December, 1919, £250.

Is the Medical Officer of Health or Inspector of Nuisances away on Military Service ? No.

What is the character of the Hospital Accommodation ? For Small-pox, wood buildings on brick foundations, with corrugated roof and coverings. For other Infectious Diseases, brick and stone buildings.

Is it joint or otherwise ? Not joint.

Number of beds available for your District ? For Small-pox, 8. For other Infectious Diseases, 40.

How is Disinfection carried out ? Number of houses disinfected, 279. Method : Sulphur and Formalide. Are houses disinfected after (a) Phthisis ? Yes. (b) Measles ? No. Apparatus used for clothing, bedding, etc. (steam or otherwise) ? Steam. Number of articles disinfected, 1,739. Where is apparatus situated ? The Hospital.

If apparatus at Hospital is available, is it used for the disinfection of clothing, bedding, etc., of patients not removed to the Hospital ? Yes.

Are any Diseases not specifically mentioned in the Infectious Diseases Notification Act notifiable (for instance, Whooping Cough, Diarrhoea, Chicken Pox, etc.) ? If so, what are they ? No.

Diseases specially prevalent ? Scarletina, Diphtheria and Measles. Period ? From July to December for Scarletina and Diphtheria. Measles in December.

Number of times School Closure adopted ? Once. For what Disease ? Scarletina and Measles.

Number of Special Reports made under Art. XIX. (15 and 16) Sanitary Officers' Order, 1910 ? Nil.

Bacteriological Examinations. Specimens examined : Blood, 4. Swabs, Nil. Sputum, 3. Milk, Nil. Others, Nil.

Diphtheria Anti-toxin Order, 1910. Is a supply of Anti-toxin kept within the district ? Yes. If so, where ? At the Hospital. Amount used during 1919 ? 384,000 units.

TABLE C.—*Continued.*

"The Housing Acts, 1890 to 1919."	Have your Authority determined the procedure to be adopted for the inspection of your District as required by Article I. of the Regulations of 2nd Sept., 1910? Yes. Has your Authority prepared, as required by Article I. (3) a list of dwelling-houses, the "early inspection of which is, in the opinion of the M.O.H., desirable"? Yes. Has your Authority designated an Officer to undertake the special inspection of houses and to keep the records stipulated by Articles (II.) and (III.)? Yes. What Officer has been so designated? Inspector of Nuisances. Have the necessary books, forms, etc., for keeping the required records been obtained and maintained? Yes.
Is there a deficiency of housing accommodation? If so, where, and to what extent?	<i>Total</i> number of dwelling-houses inspected for purposes of the Housing Acts. (Not including inspections <i>re</i> nuisances, etc.) 207.
Has a Housing Committee been appointed, as suggested in Memorandum of Ministry of Health, 7th August, 1919?	Number of dwelling-houses specially inspected under Section 17 of the Act of 1909, <i>i.e.</i> , with a view to ascertaining whether any dwelling-houses are unfit for human habitation? 207.
	Have the particulars of these inspections, as specified in Article II. (1) to (8), and Article III. (1) to (8), of the Housing (Inspection of District) Regulations, 1910, been fully recorded? Yes.
	Number of dwelling-houses considered unfit for human habitation? 8.
	Number of representations to Authority with a view to making Closing Orders? 4.
	Number of Closing Orders made? 3.
	Number of dwelling-houses in which defects were remedied without making Closing Orders (under Section 15)? 163.
	Number of dwelling-houses put into a fit state of habitation after making Closing Orders? 2.
	Number of dwelling-houses demolished? 5.
	General character of defects found to exist? General dilapidations owing to mining subsidence.
	Yes. General in every Ward.
	Yes.

TABLE C.—Continued.

Are steps being taken under the Housing, Town Planning, etc., Act, 1919, to meet the deficiency ?	Yes.
What stage had been reached in this connection on 31st Dec., 1919 ?	Plans completed for one Scheme of 80 houses and lay-out commenced.
Number of New Houses built during 1919 ?	By and at the cost of the District Council ? Nil. By Private Enterprise ? Nil.
Source of Water Supply ?	Council's own Reservoirs and Gathering Grounds, together with regular supply of 100,000 gallons per day from Liverpool's Rivington Supply.
What is its condition ?	Satisfactory.
Possibilities of contamination ?	Slight.
Any insufficiency, and where ?	Only in times of drought in the West and South Wards.
Nature of extensions (if any) during the year ?	Nil.
Is Scavenging and Removal of House Refuse carried out satisfactorily for whole of district ?	Yes.
How performed (state whether by Sanitary Authority, Contract, or Occupiers of Houses ?)	Sanitary Authority.
If Privy Middens exist, are they emptied by day or night ?	None.
How is the Refuse disposed of ?	Refuse carted to depots, screened and mixed with pail contents and sold to farmers.
Has a Destructor been provided ?	No. If so, where ? Rubbish buried in depressions.
Sewage Disposal Works. Method of Treatment ?	Chemical and bacterial.
What is the character of the Drainage System ? Any developments during year ?	Satisfactory. No developments.
Areas or Townships, without proper drainage system ?	Only in remote rural parts of township.
Action taken—Drain Testing, Flushing, etc. ?	As required.

TABLE C.—Continued.

Action taken with regard to the Pollution of Streams ?	Nil.
Canal Boats : Number Inspected ?	None. Number of infringements of Acts ? Nil.
What is the Condition of the Bakehouses ? " Slaughter-houses ? " Lodging-houses ?	Good. Number ? 23. Good. Number registered ? 1. Has a Public Abattoir been provided ? No. None.
What is the Sanitary Condition of the Schools ?	Fairly satisfactory.
Dairies, Cowsheds, and Milkshops—Are they periodically inspected ? Have Regulations been made under the Order of the L.G.B. ? Amount of air space in cubic feet required for each cow ? Cowkeepers ? Dairymen or Purveyors of Milk (other than Cowkeepers) ? Any arrangements for Veterinary Inspection of Dairy Cows ? Action taken (if any) as to Tuberculous Milk ?	Yes. What is their condition ? Fair. Yes. Are they enforced ? Yes. (a) Where cows are habitually grazed ? (b) Where cows are not habitually grazed ? 800 cubic feet. Total number of cowkeepers, 40. Number on register, 40. Number of inspections during year, 92. Total number of dairymen or milk purveyors, 6. Number on register, 6. Yes. When necessary. Nil.
Inspection of Food— Amount condemned or surrendered as unfit for human consumption— (a) Tuberculous carcasses and parts ? (b) Diseased, unsound, or unwholesome meat (other than above) ? (c) Other foodstuffs ? Number of Legal Proceedings and result ?	(a) 1 beast and part of a beast. 330lbs. (b) 4 lambs (150lbs.) ; other meat, 145lbs. (c) Nil. Nil.



TABLE C.—Continued.

Department of Inspector of Nuisances.	Number of notices served ? Informal, 223 ; statutory, 247. Number of nuisances abated, 1,390. Number of legal proceedings taken, and result ? Nil.
Closets and Ashpits.	Privy middens : number of middens, 2. Number of closets attached to these middens, 2. Number of pail closets, 3,748. Number of ashpits (excluding middens), 2,950. Number of fresh water closets, 498. Number of portable receptacles for refuse, 135. Number of waste water closets, 25. Number of privy closets converted during 1919 ? To fresh W.C.'s, 2. To waste W.C.'s, nil. To pails, etc., nil. Number of pail closets converted to—fresh W.C.'s, nil ; waste W.C.'s, nil. Number of waste W.C.'s converted to fresh W.C.'s, nil. Does Council contribute towards the cost of conversion ? No. What kind of closet accommodation is being provided for new property ? Fresh W.C.'s.
Smoke.	Number of observations ? Nil. Number of legal proceedings taken and result ? Nil. What is the time allowed for the emission of black smoke per hour ?
Has the Authority adopted—	“ The Infectious Diseases (Prevention) Act, 1890 ” ? Yes. “ The Public Health Acts Amendment Act, 1907 ” ? Yes. “ The Public Health Acts Amendment Act, 1890 ” ? Yes.
Has a Health Visitor been appointed by the Local Council ? State whether whole or part time ?	Yes. Whole time.
Qualifications of Health Visitor ? Has any, and if so what, action been taken by the Council respecting Child Welfare Work ?	C.M.B. Certificate. Trained Nurse and Health Certificate.
	Yes. Visiting homes by Health Visitor. Infant Welfare Class—weekly meeting <sup>a</sup> of two hours.

TABLE C.—Continued.

Has any Scheme been prepared in regard to the Supply of Food and Milk for Expectant and Nursing Mothers, and for Milk for Infants ?	No formal scheme, but assistance given in necessitous cases.
Is there a District Nursing Association in the District ?	No, not at present. How many District Nurses employed ? One employed by Lady Gerard.
If so, does any arrangement exist between the Council and the Association in respect to Child Welfare Work ?	No.
If no such arrangement exists, does the Association voluntarily undertake Child Welfare Work ?	No.
Notable Sanitary Improvements during 1919 ?	None.
Chief Sanitary requirements of district ?	Paving of back streets. Conversion of pail closets to W.C. system. Increased housing accommodation. Elimination of ashpits and substitution by galvanised iron receptacles.

April, 1920.

HY. WINSTANLEY,  
*Medical Officer of Health.*

# SANITARY INSPECTOR'S REPORT.

COUNCIL OFFICES,  
ASHTON-IN-MAKERFIELD, *March, 1920.*

*To the Medical Officer of Health.*

## NUISANCES.

Houses and premises inspected and visited <i>re</i>	
nuisances and complaints ... ..	1530
Nuisances discovered ... ..	1523
,, abated ... ..	1390
Notices issued (preliminary) ... ..	223
,, (statutory) ... ..	247
Re-visits to nuisances ... ..	1867
Other visits made ... ..	2190
Nuisances remaining on books, December 31st,	
1919 ... ..	233

## DESCRIPTION OF NUISANCES DEALT WITH.

Damp and defective walls ... ..	132
Defective roofs and spouts ... ..	226
,, floors ... ..	75
,, slopstones ... ..	50
,, waste pipes ... ..	39
,, wall and ceiling plaster ... ..	166
,, windows and doors ... ..	213
,, firegrates ... ..	20
,, paving in yards ... ..	30
,, setting around yard gullies ... ..	18
,, w.c.'s ... ..	2
,, ventilating pipes ... ..	5
,, washing boilers ... ..	35
,, pail and ashpit doors ... ..	21
,, closet doors ... ..	7
,, pail places ... ..	9
,, staircases ... ..	9

No. of houses or part of houses require cleansing ...	182
„ choked and defective drains and gullies ...	135
„ dilapidated closets and ashpits ... ..	39
„ dilapidated yard walls and gates ... ..	42
Want of pail ashpit doors ... ..	21
Overcrowding ... ..	9
Insufficient drainage ... ..	2
Dilapidated chimney stacks ... ..	7
„ houses ... ..	3
Workshops require limewashing ... ..	12
Want of middensteads ... ..	5
Defective middensteads ... ..	5
Keeping animals ... ..	2
Conversions ... ..	2

Only one slaughter-house has been in use during the past year, which has been frequently visited and inspected.

The following animals, or parts of animals, were condemned as being unfit for human food :—

	<i>Condemned.</i>	<i>Part passed and part condemned.</i>
Oxen ... ..	1	3
Pig ... ..	—	1
Sheep ... ..	4	3
Calf ... ..	—	1

Of the condemned oxen, two were Tubercular, four sheep were from injuries.

#### INFECTIOUS DISEASES (PREVENTION) ACTS.

Houses disinfected ... ..	279
Beds disinfected ... ..	263
Other articles ... ..	1476
Schools disinfected ... ..	14
Houses cleansed and limewashed after infectious disease ... ..	29
No. of visits to houses <i>re</i> infectious disease ... ..	424
„ cleansing and limewashing ... ..	46

## HOUSING &amp; TOWN PLANNING ACTS, 1909-1919.

No. of houses inspected	...	...	...	...	...	207
„ defects discovered	...	...	...	...	...	904
„ defective and damp walls	...	...	...	...	...	103
„ „ roofs and spouts	...	...	...	...	...	140
„ „ floors	...	...	...	...	...	43
„ „ slopstones	...	...	...	...	...	45
„ „ waste pipes	...	...	...	...	...	23
„ „ wall and ceiling plaster	...	...	...	...	...	110
„ „ windows and doors	...	...	...	...	...	174
„ „ firegrates	...	...	...	...	...	12
„ „ paving in back yards	...	...	...	...	...	17
„ „ setting around gullies	...	...	...	...	...	11
„ „ ventilating shafts	...	...	...	...	...	4
„ „ pail and ashpit doors	...	...	...	...	...	20
„ „ closet doors	...	...	...	...	...	4
„ „ staircases	...	...	...	...	...	8
„ houses or part of houses require cleansing	...	...	...	...	...	123
„ choked and defective drains and gullies	...	...	...	...	...	3
„ dilapidated closets and ashpits	...	...	...	...	...	14
„ „ yard walls and gates	...	...	...	...	...	36
„ „ chimney stacks	...	...	...	...	...	3
„ „ houses	...	...	...	...	...	1
Want of pail and ashpit doors	...	...	...	...	...	4
Overcrowding	...	...	...	...	...	6

## FACTORY &amp; WORKSHOPS ACTS.

No. of workshops on register	...	...	...	...	...	112
Dressmakers and milliners	...	...	...	...	...	18
Tailors	...	...	...	...	...	3
Bakers and confectioners	...	...	...	...	...	23
Painters and plumbers	...	...	...	...	...	4
Joiners and builders	...	...	...	...	...	7
Shoeing smiths, 3 ; General smiths	...	...	...	...	...	1
Wheelwrights	...	...	...	...	...	2
Cooper	...	...	...	...	...	1
Saddler	...	...	...	...	...	1

Motor and cycle repairers	...	...	...	...	...	...	3
Lock and hinge manufacturers	...	...	...	...	...	...	15
Pile cutters	...	...	...	...	...	...	2
Tool sharpener	...	...	...	...	...	...	1
Mineral water manufacturer	...	...	...	...	...	...	3
Sugar boiler	...	...	...	...	...	...	1
Laundries	...	...	...	...	...	...	2
Printer	...	...	...	...	...	...	1
Cotton spinners and manufacturers	...	...	...	...	...	...	2
Gasworks	...	...	...	...	...	...	1
Provender dealer	...	...	...	...	...	...	1
Boot and shoe and clog manufacturers	...	...	...	...	...	...	17

## SHOPS ACTS.

No. of shops on register	...	...	...	...	...	...	340
„ visits to shops (day)	...	...	...	...	...	...	416
„ „ (night)	...	...	...	...	...	...	45
Cautioned for not exhibiting Closing Notice	...	...	...	...	...	...	73
„ not having form (assistants half-holiday)	...	...	...	...	...	...	19
„ selling after closing hours	...	...	...	...	...	...	25

## DAIRIES, COWSHEDS &amp; MILKSHOPS ORDER.

No. of cowsheds on register	...	...	...	...	...	...	40
„ dairies on register	...	...	...	...	...	...	4
„ milkshops on register	...	...	...	...	...	...	2
„ visits paid	...	...	...	...	...	...	92

I am, Sir,

Yours obediently,

DAVID GAMBLE,

*Inspector of Nuisances.*



## HEALTH VISITOR'S REPORT.

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HEALTH DEPARTMENT,  
COUNCIL OFFICES, ASHTON-IN-MAKERFIELD,  
February, 1920.

*To the Medical Officer of Health.*

Sir,

I beg to submit to you the following for the year 1919:—

*Births notified*, 568. Live births 546, Still-births 22, Illegitimate births 31. Notified by doctors 26, notified by midwives 542.

*Home Visits*.—Number of first visits 525 number of re-visits 2,732.

*Other Visits* :—

No. of visits to school children ... ..	210
„ re-visits to school children ... ..	54
Measles visited ... ..	36
Special visits <i>re</i> sanitary condition and other matters ... ..	66

*Ophthalmia Neonatorum* notified 4, and 1 suspected case. These infants were visited and treatment carried out under the direction of the Medical Attendant. Four cases were cured; one left the district—the eyes were then improving satisfactorily.

*Infant Mortality Investigations* 53.

*Ages.*

3 less than 1 day.	
11 „ 1 week.	
5 „ 1 month.	
2 „ 1 month.	
32 over 1 month and under 1 year.	

*Table giving Method of Feeding.*

13	no feeding.
20	breast-fed.
14	mixed diet.
6	artificially fed wholly.

*Workshops Visited*, where women only are employed, 18.

*Sanitary Defects* were reported to the Inspector of Nuisances.

## INFANT WELFARE CENTRE.

No. of times Centre was opened...	...	45
„ actual attendances ...	...	1132
„ new infants joining ...	...	129

Many of the mothers attending thoroughly appreciate the Centre, realising that by keeping the healthy infant under the observation of the Doctor and Nurse illness may be prevented and minor ailments brought to light.

Short addresses and demonstrations have been given throughout the year on infant and child care.

Patterns of suitable clothing are sold, instructions given as to the material needed and the cutting out of clothes. This work is carried out by one of the ladies of the Committee.

A Tea Party was given on July 10th, 1919, and January 8th, 1920, the ladies of the Committee helping on each occasion. The mothers enjoyed their afternoon.

Dried milk has been supplied at reduced cost, and in necessitous cases free.

I am, Sir,

Yours obediently,

LILY CRAGG,

*Health Visitor.*

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